



Des Moines, WA



www.desmoineswa.gov

Camp KHAGS

Summer Camp 2014



**Teaching the value
of play since 1994.**





2014 Camp KHAOS/K2 Handbook

Parks, Recreation and Senior Services

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Important Phone Numbers:

Ralph Thomas, Recreation Coordinator: 206-870-6586

Field House Office: 206-870-6527

Field House FAX: 206-870-6587

Field House Office Hours

Mon-Fri: 8:00am-6:00pm

WELCOME

Thank you for choosing to enroll your child in the Des Moines Parks and Recreation Summer Day Camp Program. We are delighted to have the opportunity to serve you and your child. We provide school-age children with a safe environment and a wide range of recreational and learning experiences that encourage health and fitness, environmental stewardship, academic enrichment and life-long skills.

Our goal is to serve the needs of parents and guardians while addressing the special interests of each child. We do this by offering a quality Summer Day Camp program that includes fun physical activity through our K-FIT program and games, arts and crafts, nutritious snacks, science, environmental education and so much more! We promote positive social interactions and problem solving skills by supporting children in making friends and developing age-appropriate social skills.

As a parent or guardian, you play an important role in helping to ensure your child has a positive experience in our program. Please take the time to read the Summer Programs Handbook so you are aware of our policies and procedures. There is a tear-out page, along with a copy for you to keep, at the end of the Summer Programs Handbook. Please sign and return it acknowledging the receipt of the handbook and your understanding of the policies contained within. This handbook is yours to keep and access for future reference.

Important Summer 2014 Dates and Beyond:

June 18th	First Day of Camp for Highline & Federal Way School District Students
July 4 th	Holiday – No Camp
July 19 th	Campers will have the opportunity to participate in the Waterland Parade along Marine View Drive
September 2 nd	Last Day of Camp for Highline & Federal Way School District Students

We look forward to seeing your child this summer and remember to register early for CLUB KHAOS Before and After School Programs held throughout the School Year at your child's school!

WEEKLY THEMES & FIELD TRIPS

Wk	Dates	Themes	Weekly Adventure
0	Jun 18-Jun 20	Summer Warm-Up	KHAOS & K2 - Starplex Cinemas K2 - Frisbee Golf
1	Jun 23-Jun 27	Fear Factor	KHAOS & K2 - Trampoline Nation K2 - Green Lake/Outdoors for All Bike Demo
2	Jun 30-July 3	Moovin' & Groovin'	KHAOS & K2 - Pattison's West K2 - LeMay Car Museum/Microsoft Visitor Center
3	July 7-July 11	Nickelodeon Days	KHAOS & K2 - Tag Zone K2 - Federal Way Community Center/ UW Campus Tour
4	July 14-July 18	Barnyard Palooza	KHAOS & K2 - Woodland Park Zoo K2 - Wild Waves/Teen Choice
5	July 21-July 25	Legends, Castles, & Dragons OH MY!	KHAOS & K2 - Magic Show! K2 - Java & Clay Café/Geocaching HQ
6	July 28-Aug 1	KHAOS' Excellent Adventures	KHAOS & K2 - Ride the Ducks K2 - Laser Quest Laser Tag/Cedar River Watershed
7	Aug 4-Aug 8	Camp Throw Down	KHAOS & K2 - HiLine Lanes Bowling K2 - VMAC Training/International District
8	Aug 11-Aug 15	Camp Scene Investigators	KHAOS & K2 - Pacific Science Center K2 - Pt. Defiance Park/Everett Boeing Tour
9	Aug 18-Aug 22	Game Over	KHAOS & K2 - Family Fun Center K2 - Franklin Falls/Dillanos Coffee Roasters
10	Aug 25-Aug 29	Peace Out!	KHAOS & K2 - Gene Coulon BBQ K2 - JBLM Tour/Improv

CONTACT INFORMATION

Field House Address: 1000 S. 220th St, Des Moines, WA 98198
Field House Office: 206-870-6527
Field House FAX: 206-870-6587

Ralph Thomas, Recreation Coordinator
rthomas@desmoineswa.gov
206-870-6586

PARTNERING WITH YOU

A great summer program requires a partnership between summer staff and parents. As a partner in your child's success in our program, you have free access at all times, to all areas of the camp used by your child. We invite you to become familiar with the staff and encourage you to visit. If you need to pick-up your child early from camp, or from a field trip destination, please make arrangements in advance with your child's camp leader.

Parent/Staff Communication

A schedule of activities or newsletter will be provided to you prior to the first day of each week to keep you informed of program plans and special events. Any problems your child may be experiencing at home may affect his/her behavior at camp. Please keep the camp staff informed so that we can be sensitive to your child's needs. Any information of a confidential nature will be shared only with those who need to know.

MISSION

To encourage and provide the diverse population of the Greater Des Moines area opportunities to experience life-enhancing activities through developed and well-maintained park land and facilities, professional programming and services, and the optimum utilization of community resources.

HOURS OF OPERATION

Children may arrive for camp as early as 6:30 am and be picked up as late as 6:00 pm. Please plan to arrive at camp no later than 9:00 am and stay until at least 4:00 pm in order to participate in scheduled offsite activities.

Do not leave your child at the program site unless a staff person is there to greet and supervise your child.

LATE PICK-UP POLICY

You will be charged \$1 for each minute after 6:00 pm that you are late to pick up your child. These additional fees are due in full prior to signing your child up for subsequent weeks of camps or programming. If you will be late, please contact a staff member via camp phone or call the Field House and ask that Camp Staff be paged with the information.

DAILY SIGN-IN/OUT PROCEDURES

- A sign in/out area will be available when you arrive at camp.
- You must sign your full name on the attendance roster when bringing children to camp and when picking them up. Please print your child's name legibly.
- Your child will only be released to the parent/guardian or other authorized individual listed on the Participant Information Form.
- If someone, who is not on the authorization form needs to pick up your child, you must inform the camp staff in writing (fax is acceptable). The fax number is 206-870-6587.
- Identification may be checked daily. While we know it can be inconvenient to show your ID every day, we appreciate your support in assisting our staff with keeping your children safe.
- We will not release a child without proper authorization, including campers that walk to and from camp.
- For the safety of your child, we will not release your child to anyone who appears under the influence of drugs and/or alcohol, but will assist in making other arrangements for transportation home.
- If your child has not arrived by the start of the camp day, we will assume he/she will not be attending camp, and we will begin our day without him/her.
- Pick up your child on time each day. If an emergency arises and you are unable to reach the site before closing, call the staff to inform them of your progress and estimated arrival time.

Campers who are at least 12 years old may sign themselves in/out with permission from their parent or guardian via the appropriate form. Children may not sign themselves in and out multiple times per day. The form to permit your child to sign in/out on their own is available at the Field House office.

SNACKS AND MEALS

A healthy morning snack, lunch, and afternoon snack will be provided at camp daily. Breakfast is not provided. If your child arrives at camp before 8:00 am you may send breakfast with your child to be eaten at camp. Lunch is provided daily. Please note the size of the lunch may not be adequate to meet your child's nutritional needs. If you choose to send a lunch, please send a nutritious one that does not need to be heated or chilled. Please avoid sending candy, gum or soda with your child to camp. **It is not possible for us to provide refrigeration or a microwave for lunches, so please do not send foods that may spoil.**

Always send your child to camp with a bottle of water each day.

LOST & FOUND

Clothing left at camp will be donated to a local shelter or an organization such as Goodwill at the end of each month.

WHAT TO BRING & WEAR TO CAMP

Dress your camper for running around and for any weather. Please send a jacket if it's chilly. We won't let a few raindrops or a little dirt, stop our summer fun! Wear tennis shoes for running, playing, and getting dirty.

No Sandals. No dresses or skirts may be worn except for religious/cultural reasons. Clothing should not be revealing: no halter tops, spaghetti straps, very short shorts, clothing that is distracting or has inappropriate images or slogans. The dress code will be enforced by our summer staff, and campers wearing clothing deemed inappropriate will be asked to change. Children shed their clothing layers during the day, so please mark all of your children's clothes for easy identification. Watch the schedule of activities or newsletter for days you need to bring special items (i.e. swimming suit & towel).

WHAT NOT TO BRING TO CAMP

We ask that you keep these things at home:

- iPods/iPads
- Cell phones
- Nintendo DSi, PSP's, etc.
- Money, gum and candy
- Jewelry
- Trading cards
- Weapons of any kind
- Any electronics
- Any valuables, including personal sports equipment

Many of these items can be lost, broken or stolen while at camp. Each day a full schedule of activities is planned for your child and all supplies are provided. If these items accidentally show up at camp, the counselor will hold them for the camper and return them at the end of the day.

STAFF RATIOS

A staff to child ratio of 1: 12 is normally maintained for children ages 5 to 15, with a maximum 1: 15 ratio.

TRANSPORTATION & TRIPS

Transportation to and from the camp site is handled by the parent/guardian only. The Parks and Recreation Department employees will transport children to and from daily scheduled activities only.

The main entrance and participation fees for field trips will be paid by Des Moines Parks and Recreation and are included in the weekly camp price. On occasion, you will have the option of allowing your child to bring money with them to purchase items at our field trip locations, i.e. snacks, upgraded skates, etc. Additionally, upon initialing and signing the Participant Information Form, you have already given permission for the City of Des Moines Parks and Recreation Department to transport your child in the following vehicles: Department vehicles including vans and shuttles, public bus or yellow buses. Drivers of all Department vehicles are thoroughly screened and authorized by the City of Des Moines, based on experience and good driving records. Each driver must also have a Washington State driver's license and be currently certified in First Aid & CPR.

Transportation can be requested for youth participating in sports and sailing camps provided by the City of Des Moines Park and Recreation Department during camp hours. If the offsite camp ends after 5:45 pm transportation will not be provided back to the Field House; you will need to pick your child up from the offsite location.

K2 FIELD TRIPS

K2 Teen Camp is for youth 12-15 years old. In this program, participants are given more freedom on field trips than our elementary age day camp participants. On field trips, participants divide into groups of 2-4 teens and are required to stay with their group or buddy during the outing. Please note that participants choose their own groups on field trips. Please be sure to discuss with your child the importance of picking a group that will be committed to following K2 and field trip site rules. When arriving at a field trip (i.e. Wild Waves), participants are allowed to go off with their friends and meet back with K2 leaders at a specific meeting time and spot. Several meeting times are set within each field trip and roll is taken each time. The “free time” allowed before meeting back with the large group varies depending on the field trip, but is never longer than 2 hours.

If a participant does not arrive back on time to the meeting spot, he/she must stay with a counselor for the remainder of the day. If the participant is more than 10 minutes late to the meeting spot, he/she will not be able to go on the following field trip and must always be with a counselor on subsequent field trips. We suggest your child wear a wrist watch on field trip days. If a participant abandons his/her group, or if a group of participants leave a participant alone during a field trip, all of the participants involved will be unable to go on the following field trip and must remain with a counselor for the remainder of the day.

Any participant or parent/guardian who does not feel comfortable with this policy, or thinks that their child may not be ready for that much freedom on a field trip, may request that their child be with a K2 counselor at all times during field trips.

K2 Cell phone policy: Teens will be asked to keep their phones put away during the day to maximize their time participating in activities and interacting with campers. Only during time appointed by K2 Counselors will limited cell phone use be allowed. Should a K2 camper have difficulty complying with this rule, their phone will be taken away until the end of the day.

BOOSTER SEATS

Effective June 1, 2007: Children less than eight years old must be restrained in child restraint systems, unless the child is four feet nine inches or taller. A child who is eight years old or older, or four feet nine inches or taller, must be properly restrained either with the motor vehicle’s safety belt or an appropriately fitting child restraint system. Children under thirteen years old must be transported in rear seats where it is practical.

RCW 46.61.687 (b) A child who is eight years of age or older or four feet nine inches or taller shall be properly restrained with the motor vehicle's safety belt properly adjusted and fastened around the child's body or an appropriately fitting child restraint system.

If your child is under the age of 8 or less than 4’9” tall they are required to use an approved booster seat while traveling in City vehicles. Please bring a booster seat on designated days.

CUSTODY ISSUES

We realize that custody decisions and parenting plans are very important to both parents. **However, we are not a party to any custody orders and not in a position to enforce parenting plans.** If both parents are listed on the Participant Information Form (or if one parent is listed on the form but the parent has confirmed the identity of the other parent) both parents may pick up regardless of the custody agreement. Any disagreements must be addressed by the parents away from the site. Please make sure you have established clear expectations between the parties. We do honor Restraining Orders, Anti-Harassment orders, or other court orders created for the protection of the child. Please provide a copy to the Recreation Coordinator who will make the necessary camp staff aware of the situation.

PAYMENT, CREDIT & REFUND POLICY

Program payments must be paid **in full** to reserve your spot. All required paperwork (Participant Information Form, Policies for Summer Camp, and Payment Agreement) must be submitted at the time of registration. We accept Visa, MasterCard, Cash and Checks.

No refunds or pro-ration is available for summer camp payments. You may transfer your child to a different week of camp; refer to the Transfer Policy on page 12.

Camp Registration Fee \$25R/\$30NR per child, Required one-time fee good for one summer

Camp K.H.A.O.S. \$148R/\$153NR **Early Registration Fee**

(Ages 4* to 11) \$158R/\$163NR (\$10 Fee added if registered less than one week in advance)

**Potty trained 4 year olds only please.*

K.H.A.O.S. 2 (K2) \$164R/\$169NR **Early Registration Fee**

(Ages 12 to 15) \$174R/\$179NR (\$10 Fee added if registered less than one week in advance)

Additional Child Discounts Available - \$30 off each additional child (ren)

Cannot be combined with awarded scholarships

One-Time Reg. Fee for All Participants		KHAOS	K2	<i>No additional child discount given on Daily Drop-In Rate.</i>
Wk 0 Pre-Camp Camp**	3-Day Option	\$89R \$92NR	\$98R \$101NR	
Weeks 1-10	Full weeks	\$148R \$153NR	\$164R \$169NR	
Week 2*	No Camp July 4 th	\$119R \$123NR	\$131R \$135NR	
Drop-In Rates		\$40R \$45NR	\$45R \$50NR	
Labor Day Camp**	2 Days 9/1, 9/2	\$60R \$65NR	\$60R \$65NR	
*DISCOUNTED FEES APPLY TO THIS WEEK ONLY.				
**DISCOUNTED FEES APPLY TO THESE WEEKS; HOWEVER \$30 DISCOUNT FOR ADDITIONAL CHILD (ren) CANNOT BE USED ON THESE WEEKS.				

Payment Schedule

Week of:	Due Date for Early Registration Fee
June 18-20	June 9 th
June 23-27	June 16 th
June 30-July 3	June 23 rd
July 7-11	June 30 th
July 14-18	July 7 th
July 21-25	July 14 th
July 28-August 1	July 21 st
August 4-8	July 30 th
August 11-15	August 4 th
August 18-22	August 11 th
August 25-29	August 18 th

Returned checks will incur a \$40 fee each time the bank refuses payment. After a second return, cash, credit card, or money order will be the only acceptable payment for future fees. We reserve the right to cancel any remaining reservations until fees are paid in full.

TRANSFER POLICY

You may transfer your child/children from one week to another, but transfers need to be made by 6:00pm on the Monday PRIOR to the week from which you are transferring.

All transfers must be requested in writing using the transfer form. Staff will sign and date forms when they are received.

SCHEDULED PAYMENTS

Payment is required prior to services rendered. As a public entity we are prohibited from “gifting” services. For your convenience, the option to schedule payments is available by credit or debit card. At this time we do not have the ability to debit entries from a checking account.

If you prefer your card be charged automatically, complete a payment authorization form indicating the camp weeks you authorize for payment. The form is available at the Field House office.

SICK CHILD PROCEDURES

We cannot accept children for Camp when they are ill. Staff will observe each child upon daily arrival. If your child is experiencing any of the symptoms listed below, we will ask that other arrangements be made for his/her care.

- Vomiting on 2 or more occasions within the past 24 hours
- Too tired or sick to participate in daily activities
- Fever of 101°F or higher
- Draining Rashes
- Eye Discharge or Pink Eye
- Diarrhea
- Lice or Nits*

*If your child had lice or nits, he/she must be free of lice and nits to be able to return to camp.

If your child develops these symptoms after drop-off, parents will be contacted, and asked to come pick-up their child promptly. We will separate your child from other children until you can pick them up. If the parent/guardian cannot be reached, emergency contacts will be called. If no party can be reached and symptoms persist, the child’s physician will be notified and his/her directions will be followed.

All staff members will also be sent home. We will report communicable diseases to the local health department. We will also notify other parents in camp, so that they can take appropriate action to protect their children.

SPECIAL NEEDS

Staff members are encouraging, patient, and helpful in paving a pathway for children with mild to moderate disabilities to succeed at camp. We are not equipped or staffed to work with children who need significant assistance with personal care, constant one-on-one support, or have great difficulty in managing their behavior in a group setting.

If your child has a significant health issue or a special need, please contact Ralph Thomas, Recreation Coordinator, to discuss appropriate accommodations.

MEDICAL EMERGENCIES

The Participant Information Form includes a medical release, giving us permission to seek medical attention for your child in case of an emergency. Please update this form as necessary with any changes in home, work or medical phone numbers. In the case of life threatening emergencies, a member of our staff will immediately call 911, administer First Aid and CPR, and notify you as quickly as possible. If you cannot be reached, your designated emergency contact will be notified. If transportation to the hospital is needed, a staff member will accompany your child on the ambulance and will stay with him/her until you arrive.

For minor emergencies and injuries, all of our staff is trained in First Aid and CPR, and we will administer aid as needed. A staff member will then contact you to come and care for your child if additional care is needed.

For minor injuries that do not require us to notify you immediately, a verbal or written report will be given to you that day when you pick up your child, explaining what happened and how the situation was treated. Accident reports are completed for our records and recorded in our medical log.

MEDICATION MANAGEMENT

If it is necessary for your child to take medications while he/she is in our care, please give the medication directly to a staff member when you sign-in your child. Written parental consent is required for us to administer any medication, and you will be asked to complete a form when you hand over the medication. Medications are stored in a locked box out of the reach of children. We maintain a record of administration in the locked box on a medication log. Your child's Camp Leader or designee will be responsible to administer medication per a doctor's instructions.

All prescription medication must be in its original container properly labeled with your child's full name, date prescription was filled/or medication's expiration date, and legible instructions for administration such as manufacturer's instructions or prescription label. Please only send one week's worth of medication to Camp.

The following non-prescription medications require written parental consent and can be given only at the dosage, duration, and method of administration specified on the manufacturer's label for the age and/or weight of your child

- Antihistamines
- Non aspirin fever reducers/pain relievers
- Decongestants or non-narcotic cough suppressant
- Anti-itching ointments or lotions, intended specifically to relieve itching or dry skin
- Sunscreen **see sunscreen policy, page 14
- Medicated lip balm
- Mouthwash

A physician's written authorization is required for any non-prescription medication that is:

- Not included in the above list
- To be taken differently than indicated on the manufacturer's label
- Lacks labeled instructions

We cannot give aspirin except with a written authorization from a physician. Any unused medication will be returned to you or properly disposed of.

SUNSCREEN POLICY

During our outside activities and on field trips, children may spend hours in the sun. In order to minimize the effects of prolonged sun exposure, we encourage parents to do one or more of the following:

- provide your child with a long sleeve cotton shirt to wear in the sun,
- provide a T-shirt to wear over his or her swimming suit,
- encourage your child to wear a hat to protect the face,
- educate your child regarding protecting his or her skin, as well as the early signs of enough sun,
- purchase and use the early warning sun patches, and
- use and appropriately apply sunscreen.

Sunscreen is considered an over-the-counter medication by the Washington State Department of Health. Therefore, written authorization from parents is required for application, as indicated on the Participant Information form with your initials. The City of Des Moines Parks, Recreation and Senior Services Department is not responsible for children receiving sunburns or experiencing an allergic reaction to sunscreen.

Please send your child with sunscreen, clearly labeled with their name, each day if you would like them to wear it. Camp Leaders will remind campers to put on sunscreen twice daily or based on specific activities. Campers are required to put on their own sunscreen. We recommend that you send your child with the “no tears” kind and we strongly encourage you apply a coat of sunscreen on your child BEFORE they arrive at camp each day.

PEANUT AND NUT ALLERGIES

To help create a safe environment for children with life-threatening nut allergies, you may be asked to refrain from sending your child with food containing peanut butter or other nuts and/or other foods manufactured in a plant that processes nuts.

CHILD SAFETY

As a partner in your child’s success, we are committed to providing a safe environment for all participants and staff. We work hard to create an environment that is both physically and emotionally safe for children. If at any time throughout the summer you are concerned about the physical or emotional health of your child, please do not hesitate to speak to a staff member or call Ralph Thomas, Recreation Coordinator.

Camp staff will report immediately to Child Protective Services (CPS Intake) or police any instance when there is reason to suspect the occurrence of physical, sexual, or emotional abuse, child neglect or exploitation. We may NOT notify parents if this occurs except upon the recommendation of Child Protective Services or the police.

INSURANCE

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all activities offered or sponsored by the City of Des Moines Parks and Recreation Department. The City of Des Moines does not provide any accident or health coverage for its participants.

INCLEMENT WEATHER

Camp will be held rain or shine. If it is raining, activities will be moved indoors, using designated classrooms, covered picnic shelters, or gym areas based on availability. If we encounter extreme heat, we will keep activities inside or in the shade whenever possible, play lots of water games, and keep kids drinking water. In either case, the day will go ahead as planned.

CODE OF CONDUCT

We are committed to providing a positive atmosphere that is safe and inclusive to all in our community. Therefore, a camper expectations and a code of conduct has been adopted to govern the actions and behaviors of campers participating in camps.

Camper's Expectations:

- I will be courteous and respectful to the Camp KHAOS/K2 Staff, visitors, and other youth.
- I will respect myself and the property of others.
- I will leave rocks, sticks, or anything else that is dangerous on the ground.
- I will be a good listener, will always use an inside voice indoors, and appropriate language at all times.
- I will not join in name calling, swearing, or non-cooperation.
- I will always be in designated, supervised areas and stay with Camp KHAOS/K2 Staff at all times.
- I understand that Camp KHAOS/K2 has a ZERO TOLERANCE POLICY for fighting, verbal abuse, physical abuse or "play fighting" at anytime.
- I will follow these rules on all field trips and outings.

The following will NOT be tolerated at City of Des Moines facilities or in programs:

- Abusive, harassing, and/or obscene language or gestures
- Threats of harm, physical aggression, or violent acts
- Weapons of any kind
- Smoking
- Damaging or defacing property
- Possession, sale, use, or being under the influence of alcohol or illegal drugs
- Offensive or unlawful conduct.

Individuals who experience or observe inappropriate conduct are encouraged to promptly report their concern to staff. Every effort will be made to ensure that reports are investigated and resolved promptly and effectively.

NO TOLERANCE POLICY

We want to make sure that all children have a positive atmosphere that is safe and inclusive. We are asking for your support in maintaining a fun, safe place, where children can achieve their potential. Please talk with your children about the importance of not exhibiting the behaviors described below. Ideally, we want to work with families to **prevent** these behaviors from occurring.

- Abusive, harassing, and/or obscene language or gestures
- Threats of harm, physical aggression, violent acts, or bullying
- Weapons of any kind
- Damaging or defacing property
- Offensive or unlawful conduct
- Purposely leaving the area of supervision without permission
- Improper exposure

Failure to follow this code of conduct will result in disciplinary action which may include a one to three day suspension. A conference will be scheduled to develop a behavior contract in order for your child to remain in camp. It may become necessary for the benefit of the child, as well as for the safety of the other children, to remove a child from our camp.

BEHAVIOR MANAGEMENT

The City of Des Moines Parks and Recreation camp programs strive to meet the needs of all children by setting behavior expectations, guidelines and boundaries appropriate to each stage of development. If problems arise, we will use the following sequential procedures. It is possible to go from step 1 to 6 based on one incident:

1. The child will be encouraged to use his/her words to try to solve the situation peacefully.
2. The child will be redirected to a new activity.
3. The child will be removed from the situation for think time/or to fill out a behavior form until he/she is able to rejoin the group. The child completes the behavior form to help them remember problem solving skills.
4. Conduct Report* and parents are alerted and encouraged to share ideas.
5. 3 Conduct Reports* during one week (Monday-Friday) will result in a non-refundable suspension from the program for the remainder of the week. Parent & Staff conference will be held with recommendation for an immediate behavior contract or short-term suspension from Camp.
6. 6 Conduct Reports in a 30 day period will result in a conference with parents, Camp Director and/or Recreation Coordinator to discuss the participant's continuation or dismissal from the program.

As a partner in your child's success, we encourage you to share information with us that may affect your child's behavior in Camp. We are committed to working with you in the best interest of your child and the rest of the children in our care. We do not use or endorse any form of corporal punishment by anyone (including parents). We do not condone biting, jerking, shaking, spanking, slapping, hitting, kicking or any other means of inflicting physical pain.

Because there are such a wide variety of behaviors that children display, the City of Des Moines Parks and Recreation Department reserves the right to make the decision to suspend or expel a child based on the physical or emotional safety of the child, other children in the program and the staff. In such a situation parents may be called to come immediately to pick-up their child, or the child may be separated from the group for the remainder of the day.

***Conduct Reports**

Conduct reports will be filled out by camp staff in the event of a behavioral problem on the part of a child. These write-ups include a description of the behavior infraction and discipline actions taken. Write-ups will be given to parents when they pick up their child and require parents to discuss the infraction with their child and make comments on the form. The child will also write their plan for improvement. Forms are in triplicate and copies will be filed with the parent, camp staff, and Parks and Recreation Office. Completed forms must be returned when the child is dropped off at camp the following day, or when allowed back in the program, whichever occurs first. **Campers will not be allowed to attend camp until this completed conduct report form is returned.**

***Suspensions and expulsions are non-refundable.**

CITY OF DES MOINES PARKS AND RECREATION – POLICIES FOR SUMMER CAMP

Initials I acknowledge that I received the 2014 Summer Program Handbook containing policies and procedures relates to the Camp K.H.A.O.S. and K2 summer camp programs. Furthermore, I understand the policies and if I have questions I will ask staff for clarification.

Initials I have read and understand the Payment, Credit and Refund Policy, Page 11 of the Summer Programs Handbook.

- Program payments must be paid **in full** to reserve your spot.
- Payment is required prior to services rendered.
- No refunds or pro-ratio is available for summer camp payments.
- Returned checks will incur a \$40 fee each time the bank refuses payment. After a second return, cash, credit card, or money order will be the only acceptable payment for future fees. We reserve the right to cancel any remaining reservations until fees are paid in full.

Initials I have read and understand the Sunscreen Policy, Page 14 of the Summer Programs Handbook.

Initials I have read and understand the Peanut and Nut Policy, Page 14 of the Summer Programs Handbook.

- To help create a safe environment for children with life-threatening nut allergies, you may be asked to refrain from sending your child with food containing peanut butter or other nuts and/or other foods manufactured in a plant that processes nuts.

Initials My child and I have read and discussed the Code of Conduct and No Tolerance Policy, Page 15 of the Summer Programs Handbook. Furthermore, we agree to abide by these policies and understand that if not followed the Behavior Management Plan will be implemented, as written on page 16 of the Summer Programs Handbook, which can result in suspension or expulsion from camp.

Initials I have read and understand the Booster Seat policy as written on Page 9 of the Summer Programs Handbook. If my child is under the age of 8 or less than 4'9" in height, I will provide a booster seat (labeled with the child's name) on designated days.

Initials I have read and understand the Sign In/Out Policy, Page 7 of the Summer Programs Handbook and understand that I must complete a form to allow my child to sign themselves in and out of camp only if 12 or older.

K2 Participants (ages 12-15):

Initials My child and I have read and discussed the K2 Field Trip Policy, Page 9 of the Summer Programs Handbook.

I have read and initialed the above information and I fully understand all policies of the Summer Programs Handbook. My child understands the Code of Conduct and No Tolerance Policy as indicated by their signature below.

Participant's Full Name: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CITY OF DES MOINES PARKS AND RECREATION – POLICIES FOR SUMMER CAMP

Initials I acknowledge that I received the 2014 Summer Program Handbook containing policies and procedures relates to the Camp K.H.A.O.S. and K2 summer camp programs. Furthermore, I understand the policies and if I have questions I will ask staff for clarification.

Initials I have read and understand the Payment, Credit and Refund Policy, Page 11 of the Summer Programs Handbook.

- Program payments must be paid **in full** to reserve your spot.
- Payment is required prior to services rendered.
- No refunds or pro-ratio is available for summer camp payments.
- Returned checks will incur a \$40 fee each time the bank refuses payment. After a second return, cash, credit card, or money order will be the only acceptable payment for future fees. We reserve the right to cancel any remaining reservations until fees are paid in full.

Initials I have read and understand the Sunscreen Policy, Page 14 of the Summer Programs Handbook.

Initials I have read and understand the Peanut and Nut Policy, Page 14 of the Summer Programs Handbook.

- To help create a safe environment for children with life-threatening nut allergies, you may be asked to refrain from sending your child with food containing peanut butter or other nuts and/or other foods manufactured in a plant that processes nuts.

Initials My child and I have read and discussed the Code of Conduct and No Tolerance Policy, Page 15 of the Summer Programs Handbook. Furthermore, we agree to abide by these policies and understand that if not followed the Behavior Management Plan will be implemented, as written on page 16 of the Summer Programs Handbook, which can result in suspension or expulsion from camp.

Initials I have read and understand the Booster Seat policy as written on Page 9 of the Summer Programs Handbook. If my child is under the age of 8 or less than 4'9' in height, I will provide a booster seat (labeled with the child's name) on designated days.

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K2 Participants (ages 12-15):

Initials My child and I have read and discussed the K2 Field Trip Policy, Page 9 of the Summer Programs Handbook.

I have read and initialed the above information and I fully understand all policies of the Summer Programs Handbook. My child understands the Code of Conduct and No Tolerance Policy as indicated by their signature below.

Participant's Full Name: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



2014 CAMP KHAOS

PARTICIPANT INFORMATION AND AUTHORIZATION FORM

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely and sign and initial where indicated.** Additional information may be required, including, but not limited to medical treatment, medication administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form, please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)		Age	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	Zip	School	Grade
Parent/Guardian Name (First & Last)			Signature	
Day Phone	Cell Phone	Evening Phone	Email	
Address (if different than above)		City	Zip	

GENERAL AUTHORIZATIONS AND INFORMATION

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip, by means of walking, public bus, Dept. vehicle, or yellow bus. ☐ YES ☐ NO Initial Here

My child has permission to participate in swimming and other water activities, including swimming pools, beaches, fountains, and boating facilities. ☐ YES ☐ NO Initial Here

Swimming Ability: ☐ Non Swimmer ☐ Beginner ☐ Intermediate ☐ Advanced
Does your child require a PFD (personal floatation device) while swimming? ☐ YES ☐ NO Initial Here

My child may be photographed (stills and video) for the City of Des Moines, its Department of Parks, Recreation & Senior Services, or Legacy Foundation publications. ☐ YES ☐ NO Initial Here

My child may apply sunscreen _____ times during the day. **I will provide sunscreen.** ☐ YES ☐ NO Initial Here

I understand that the City of Des Moines Parks and Recreation Dept. will not be responsible for children receiving sunburns or allergic reactions to sunscreen. Initial Here

My child has the following behavioral issues of which staff should be aware: _____

I handle these behaviors in the following way(s): _____

EMERGENCY CONTACTS

The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list non-registering parents, guardians, and other you would like us to contact if we cannot reach you.

1) Contact Name (First & Last)		Email	
Relationship	Day Phone	Cell Phone	Evening Phone
Address		City	Zip
2) Contact Name (First & Last)		Email	
Relationship	Day Phone	Cell Phone	Evening Phone
Address		City	Zip

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

Please list all individuals who are authorized to pick up your child. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.

Name	Relationship	Day Phone	Evening Phone

ADDITIONAL SPACE FOR AUTHORIZED PICK UP ON NEXT PAGE**MEDICAL HISTORY AND AUTHORIZATION FORM**

Please **CHECK** all of the following that apply. You may be asked to complete an additional form to provide more information about your child so that we can provide the most positive experience possible. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

My child experiences the following:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Allergic to _____ |
| <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Asthma | <input type="checkbox"/> Down syndrome |
| | | | <input type="checkbox"/> Other _____ |

Currently Taking Medication at: ☐ Home ☐ School ☐ Program

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A Medical Treatment Authorization form signed by a physician is required for any medication taken or administered while in a City of Des Moines program.

Child's Name (First & Last)	Age	Child's Height	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Physician Name (First & Last)	Phone			
Address	City		Zip	
Medical Insurance Company	Policy Number			
Preferred Hospital for Treatment	Dentist (First & Last)		Phone	

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Des Moines, Its Department of Parks, Recreation & Senior Services, and their officers, employees, and volunteers assume no financial obligation or liability in the case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.**

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

EVENT(S): All programs and activities offered by or through Des Moines Parks, Recreation & Senior Services including but not limited to recreation activities and classes, before/after school program, summer camps, preschool, teen programs, special events, field trips, sports, and athletics.

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Des Moines, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Des Moines, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

ADDITIONAL AUTHORIZED PICK-UP CONTACTS

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

Please list all individuals who are authorized to pick up your child. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.

Name	Relationship	Day Phone	Evening Phone

Des Moines Parks and Recreation Department

Camp KHAOS 2014

Payment Policy Agreement

PAYMENT REQUIREMENTS:

_____ Payment for weekly participation in the Camp KHAOS Program must be paid at least
Initials one week prior to the week of participation.

_____ Payment for daily drop-in participation in the Camp KHAOS Program must be paid at
Initials least 24 hours prior to participation, or child(ren) will not be allowed to participate in
the program.

PAYMENT TYPES:

_____ Payments are accepted by cash or check in person at the Des Moines Field House
Initials Recreation Office between the hours of 8:00 a.m. and 6:00 pm

If a check is returned NSF, a \$40.00 charge will be added to your program fee total, and cash, money order, or credit card will be the only acceptable payment.

_____ Payments are accepted by credit card or debit card in person or over the phone at the
Initials Des Moines Field House Recreation Office between the hours of 8:00 a.m. and 6:00 pm.

_____ Automatic Payments can be made with a credit card by completing, signing, and
Initials returning the "Automatic Payment Form" to the Recreation Office. Your credit card
information will be kept on file and we will automatically charge your credit card for
your program fee on the Monday prior to the week of use. If the Monday falls on a
holiday, your credit card will be charged on the next business day.

Scholarships are available for qualifying families on a case by case basis. Please allow up to two week for fee waiver approval. **At least 50% of the first week of camp must be paid when applying for the scholarship.** If an individual receives funding less than 50%, then he/she will be required to pay the difference for the program registration fee prior to participation. Please contact the Recreation Office for more information at (206) 870-6527.

***** \$30 off each additional child discount cannot be combined with awarded scholarships *****

By signing below I acknowledge that I have read, understand, and agree to comply with the aforementioned policies.

Child (ren)'s Name(s)

X _____
Parent/Guardian Signature

Date

Des Moines Parks and Recreation Department

Camp KHAOS 2014

AUTOMATIC PAYMENT FORM

I, _____ authorize the City of Des Moines Parks & Recreation Department
(Payee Name)

to charge my _____ card to pay for my child (ren):
(VISA or MC)

Name(s)

2014 Camp KHAOS Fees

Please initial next to the appropriate program(s) you would like charged to your credit card. For daily drop-in registration you will need to call or stop by the Recreation office to provide dates prior to use.

Camp KHAOS Program/Per Child

_____ Wk 1 (June 23 rd -June 27 th)	\$148/R \$153/NR ~ Charged on June 16th
_____ Wk 2 (June 30 th -July 3 rd)	\$119/R \$123/NR ~ Charged on June 23th
_____ Wk 3 (July 7 th -July 11 th)	\$148/R \$153/NR ~ Charged on June 30th
_____ Wk 4 (July 14 th -July 18 th)	\$148/R \$153/NR ~ Charged on July 7th
_____ Wk 5 (July 21 st -July 25 th)	\$148/R \$153/NR ~ Charged on July 14th
_____ Wk 6 (July 28 th -August 1 st)	\$148/R \$153/NR ~ Charged on July 21st
_____ Wk 7 (August 4 th -August 8 th)	\$148/R \$153/NR ~ Charged on July 28th
_____ Wk 8 (August 11 th -August 15 th)	\$148/R \$153/NR ~ Charged on August 4th
_____ Wk 9 (August 18 th -August 22 nd)	\$148/R \$153/NR ~ Charged on August 11th
_____ Wk 10 (August 25 th -August 29 th)	\$148/R \$153/NR ~ Charged on August 18th

Camp K2 Program/Per Child

_____ Wk 1 (June 23 rd -June 27 th)	\$164/R \$169/NR ~ Charged on June 16th
_____ Wk 2 (June 30 th -July 3 rd)	\$131/R \$135/NR ~ Charged on June 23th
_____ Wk 3 (July 7 th -July 11 th)	\$164/R \$169/NR ~ Charged on June 30th
_____ Wk 4 (July 14 th -July 18 th)	\$164/R \$169/NR ~ Charged on July 7th
_____ Wk 5 (July 21 st -July 25 th)	\$164/R \$169/NR ~ Charged on July 14th
_____ Wk 6 (July 28 th -August 1 st)	\$164/R \$169/NR ~ Charged on July 21st
_____ Wk 7 (August 4 th -August 8 th)	\$164/R \$169/NR ~ Charged on July 28th
_____ Wk 8 (August 11 th -August 15 th)	\$164/R \$169/NR ~ Charged on August 4th
_____ Wk 9 (August 18 th -August 22 nd)	\$164/R \$169/NR ~ Charged on August 11th
_____ Wk 10 (August 25 th -August 29 th)	\$164/R \$169/NR ~ Charged on August 18th

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

CVN Number: _____

Payee's Signature

Date